

FMS Foundation Newsletter

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October 5, 1992

Dear Friends,

"Things certainly are heating up!" exclaimed a visitor who arrived in the office just as three different articles about FMS came spewing forth from the fax machine one right after the other. How can we capture the atmosphere of change that we perceive when for most families we know there has still been no change?

One year ago on this date, we were aware of fourteen families who told tragic stories about once kind and loving children who had become obsessed with being victims, who had become trapped in childhood, who had cut themselves off from family, who had claimed their parents or other relatives had done unspeakable things. We thought that was amazing. In this newsletter we report that we are now aware of over 1,400 such families. That is astounding.

One year ago, we had never heard of anyone giving up these memories. Today we are aware of more than thirty recanters. Last month we knew of no Foundation families whose children had given up memories. Today we can write that two families called to tell us their daughters had apologized for their false memories. In one case, we were told that the daughter gave up the memories when her therapist was written about in the newspaper. In the other case we were told that FMS materials caused a son-in-law to question and that was enough to bring about a change.

One year ago we had little idea of the phenomenon with which we were dealing. Today we have Foundation liaisons in forty-four US states and three Canadian provinces. Today we have a small library of articles, legal information and survey data about families. We have received our first private foundation grant funding for a national conference to be held in the spring. There are now two graduate students working in areas related to FMS—one from the perspective of psychology, the other from health insurance. We have had professional visitors come to the office to use our materials to prepare workshops for colleagues.

The biggest change has come in the press. One year ago there was literally nothing written about FMS (indeed, it did not even have a name). There are now many well-documented professional and popular articles about FMS. In this mailing, members will receive three new articles.

(1) "Inadvertent hypnosis during interrogation: False confessions due to dissociative state; mis-identified multiple personality and the satanic cult hypothesis" by Richard Ofshe, Ph.D. (Berkeley) is an incredible story of a man who confessed to committing ritual satanic abuse but whose confession is really meaningless since an experiment showed that he would confess to anything.

(2) "Psychiatric Misadventures" by Paul McHugh, M.D. (Johns Hopkins) questions the whole notion of Multiple Personality Disorder as being an artifact of the psychiatric community.

(3) "Call me Mom" by Andrew Meacham challenges the therapeutic notion of "reparenting" in which a person is encouraged to cut off from the "family of origin" and adopt a "family of choice" which is often the therapist or a 12-step group.

Two recent news articles are also available for handling costs: A three part series by Mark Sauer and Jim Okerblom from the *San Diego Union-Tribune*, "Haunting Accusations: Repressed memories of childhood abuse: real or delusions?" and a three-part series by Bill Scanlon from the *Rocky Mountain News*, "Skeptics question memories of incest; Incompetent therapists turn patients' fantasies into repressed reality, some experts are saying." We have enclosed an order form. If this new service works smoothly, we will make more articles available. (If you send copies that can be reproduced, be sure that they are originals, not copies themselves.)

There is a feeling of change, but the Foundation is not the cause of the change. You are. One person wrote to us that he felt that after the first meeting somehow someone would "wave a magic wand and all this would be behind us or somehow cleared up." There are no magic wands. Professionals and families together are writing the script to a drama in which we did not choose to perform. If we want a happy ending, we'll have to make it happen. No one else has so much at stake.

Because of the cult-like cutting off by the children and their therapists, we must work at the level of public awareness to change the situation. You have written letters to papers; you have knocked on politicians doors; you have filed complaints; you have appeared in public; you have written journal articles; you have even picketed; you have kept us informed. You are changing the climate. Keep it up. We will do our part from the office, but the ending depends on you.

Pamela

Notice to Siblings

Please send us your stories
for the book to follow *Confabulations*.
It will be a view of False Memory Syndrome
through the eyes of the sisters and brothers.

Our Critics

Criticism of the Foundation continues.

The *King County Sexual Assault Resource Center* in Renton, WA headlined an article in its summer 1992 newsletter about the Foundation with "The Backlash Has Begun." In this article, Gayle M. Stringer, M.A. attributes to the Foundation beliefs and motivations that she must have invented. "In one broad brush stroke, the FMS group denounces and attempts to discredit those who were victimized as children and the service providers who treat and support them." Statements from the Foundation have appeared many times that child abuse exists and is an unconscionable crime.

The Utah Daily Herald reported on September 5 that Susan Asher, a Provo therapist, "believes FMS is nothing more than 'a massive denial and justification' movement started by perpetrators of child sexual abuse." We have given this information to our lawyers because people have suggested that this is libelous, but it really seems too silly to bother with. It is obvious that Ms. Asher knows so little about psychology that she failed to recognize the names of the distinguished researchers who comprise the FMS Foundation Advisory Board. How embarrassing for her. How sad for her clients.

On National Public Radio, *Talk of the Nation* in August, Rene Fredrickson, Ph.D., a person who specializes in "chronic abuse trauma syndrome & repressed memories" asked why we ever believe recanters. To be accused of incest is, apparently, to be guilty. Once accused there's no way the Rene Fredricksons of the world will ever believe you innocent.

How is the FMS phenomenon spreading?

Media? We had a phone call this week that gave us some insights into how the phenomenon or hysteria might be spreading. We talked with a woman who had called us several weeks ago questioning her own memories. We called her to ask what she was thinking now that she had received some material from the Foundation. She told us that she was certain now that her own therapist had not led her in any way and that the therapist had used hypnosis only once at the caller's request. Indeed, this person told us that she was becoming more and more convinced that her memories of satanic ritual abuse were real memories. She told us that since our first chat, she had validated her memories. She said that she had read stories in the newspaper and had seen things on television that proved to her that her memories were real.

What responsibility does the media play in this? People have always used myths and stories to help explain

their own lives. There is nothing strange or unusual in that. One anecdote is not scientific evidence. Just because one person has told us that she was able to validate her own memories from television, does not mean that others do. But it raises a flag. Could self-reports of abuse be contaminated by media stories? Could the phenomenon be feeding on itself through the widespread coverage that survivors have engendered.

300 YEARS AGO

From, "The Lesson of Salem" by Laura Shapiro, *Newsweek*, August 31, 1992.

"In 1692, those who 'confessed' to witchcraft were spared; only those who insisted on their innocence were hanged."

"The witch trials represent more than just a creepy moment in history: they stand for the terrible victory of prejudice over reason, and fear over courage—a contest that has been replayed, with different actors, again and again since 1692. Modern witch hunts include the roundup of Japanese-Americans during World War II, the pursuit of Communists in the '50s and, according to an increasing number of critics, some of today's outbreaks of community hysteria over purported sex abuse in preschools. ...the evidence in these cases tends to spring from hindsight, fueled by suspicion and revulsion. Whatever the truth may be, it has little chance to surface under such conditions."

"Today many scholars believe it was clinical hysteria that set off the girls in Tituba's kitchen. Fits, convulsions, vocal outbursts, feelings of being pinched and bitten—all of these symptoms have been witnessed and described, most often in young women, for centuries. Sometimes the seizures have been attributed to Satan, other times to God, but ever since Freud weighed in, hysteria has been traced to the unconscious."

"Perhaps the best way to identify a witch hunt, today or 300 years ago, is to look for fear, because fear spawned witches.... Nothing could stop the infestation—except, finally, the will to see clearly beyond prejudice. Late in the fall of 1692, as the witch craze was fading, several of the afflicted girls were traveling through nearby Ipswich when they encountered an old woman on the bridge. A witch! Instantly they fell into fits. But Ipswich was not on the lookout for witches; it didn't want them. Nobody begged the girls for names or particulars, so they picked themselves up and continued on their way. The witch hunt was over—until another time, and another Salem."

Therapist bias? If a therapist had a preconceived notion that sexual abuse is the cause of a vast array of symptoms, then it is likely that therapist will find incest. People tend to find what they are looking for and they tend to neglect to consider alternative hypotheses. This is referred to as attentional bias. "Attentional bias can be understood as failure to look for evidence against an initial possibility, or failure to consider alternative possibilities." Baron, J. (1988) *Thinking and Deciding*, Cambridge U, p 247. Because we are not privy to the actual therapy sessions, we must rely on other types of information to look for potential bias. Here are a few examples:

A parent: My daughter said, "The therapist told me, 'Your damaging dreams and your past behavior are a text book case of sexual abuse as a child. You will never be able to live a normal life until you face the problem.'"

A Social Worker: "I would automatically suspect sexual abuse in someone with an eating disorder." Nita Daniels-Levin, a psychiatric and clinical social worker in Toronto, *Cosmopolitan*, May 1992 p 248.

A psychologist: "It's [sexual abuse] so common that I'll tell you. I can within 10 minutes, I can spot it as a person walks in the door, often before they even realize it.

There's a trust, a lack of trust, that's the most common issue. There's a way that a person presents themselves. There's a certain body language that says I'm afraid to expose myself. I'm afraid you're going to hurt me." CNBC program *Real Personal* on April 27, 1992. Brenda Wade, Ph.D. who was identified as a licensed San Francisco family therapist and as "Good Morning America's On-Air

Psychologist."

A recanter: "I went to a counselor who said she specialized with helping people get in touch with repressed feelings. It was helpful for the first year and a half. I worked through stuff. But then it moved to sexual abuse awareness. I began to wonder, 'Did anything happen to me?' I got an anxiety that wouldn't go away. From that point the therapist pushed to get at this repressed stuff. Pressure, direction, subtle. I began to doubt my own uneasiness but I thought, 'She's trained. She knows what she's doing.' But then I got to the point of a mental breakdown."

An advertisement: "REMEMBERING INCEST AND CHILDHOOD ABUSE IS THE FIRST STEP TO HEALING. We can help you remember and heal. 1-800-xxx-xxxx. This ad, which we read in the United Airline Magazine in July, went on to list symptoms "• MOOD SWINGS • PANIC DISORDER • SUBSTANCE ABUSE • RAGE • FLASHBACK • DEPRESSION • HOPELESSNESS • ANXIETY • PARANOIA • LOW-SELF ESTEEM • RELAPSE • RELATIONSHIP PROBLEMS • SEXUAL FEAR • SEXUAL COMPULSION • SELF MUTILATION • BORDERLINE PERSONALITY • IRRITABLE BOWEL • MIGRAINE • P.M.S • POST TRAUMATIC STRESS • BULIMIA • ANOREXIA • A.C.O.A • OBESITY • MULTIPLE PERSONALITY • HALLUCINATIONS • RELIGIOUS ADDICTION • PARENTING PROBLEMS • SUICIDAL FEELINGS •"

Do these examples indicate possible therapy bias? You decide.

What do we know about therapists?

We preface this section by noting our deep appreciation for the majority of mental health professionals, including psychiatrists, psychologists, social workers and counselors, who are supporting the FMS Foundation. We could not function as a credible organization without the professional commitment we receive. The professionals with whom we are in contact are very disturbed by the behavior of a subset of that community. As one doctor put it, "I've been very worried about what was going on. Your organization gives me a way to begin to do something about it." We are not "out to get therapists." We do, however, expect an accounting from those therapists who have cruelly alienated children and grandchildren from their families and who have ruthlessly ruined the reputations and lives of thousands of people.

According to a report by Daniel Goleman, "Surprising Portrait of Psychotherapists as Abuse Victims" in the

New York Times on September 9, 1992, 70% of women and one-third of men therapists "had experienced some

form of abuse, including milder forms like sexual harassment." The information he reported has come from a national survey of clinical and counseling psychologists to be published in the journal *Professional Psychology: Research and Practice*.

Some professionals indicated that this was positive. "Many experts see in the data a sign of the Jungian notion of 'wounded healers,' who are adept at treating emotional wounds because they too have suffered them." Other experts see this as startling. Dr. Jesse Geller at Yale University was quoted as saying "I've heard

that the most common slip that therapists make is to substitute the word 'parent' for 'patient.' It suggests that in some symbolic sense, many therapists go into the field to cure their parents, to undo how they were raised."

Do therapists view themselves as abuse victims? This report would indicate that they do. If so, how does this add to our understanding of the spread of the phenomenon? What does this mean for training institutions?

Some therapists ignore research evidence.

We also know that the therapists who have alienated children from their families ignore research evidence. Most of them urge their clients to read *The Courage to Heal* which states in its preface that it is based on no psychological theory. That book perpetuates many unscientific myths ranging from inflated rates of child abuse to the intergenerational transmission of violence to the so-called signs that indicate abuse. Following are three references that should make therapists more cautious about "signs" of abuse.

"CURRENT EVIDENCE DOES NOT SUPPORT THE HYPOTHESIS THAT CHILDHOOD SEXUAL ABUSE IS A RISK FACTOR FOR BULIMIA NERVOSA." Harrison & Hudson, 1992. "Is childhood sexual abuse a risk factor for bulimia nervosa?", *American Journal of Psychiatry* 149:4 April.

"AS YET, THERE IS INSUFFICIENT EVIDENCE TO CONFIRM A RELATION BETWEEN A HISTORY OF CHILDHOOD SEXUAL ABUSE AND A POSTSEXUAL ABUSE SYNDROME AND MULTIPLE OR BORDERLINE PERSONALITY DISORDER." Beitchman, Zuckerman, Hood, DaCosta, Akman & Cassavia, 1992. "A review of the long term effects of child sexual abuse." *Child Abuse & Neglect*, Vol 16 pp 101-118.

"OVERALL, STUDY FINDING INDICATE THAT EARLY ABUSIVE TRAUMA AND ADULT FUNCTIONING HAVE NO SIMPLE RELATIONSHIP." Martin & Elmer, 1992. "Battered children grown up: A follow-up study of individuals severely maltreated as children." *Child Abuse*

WHERE DO 1,415 FAMILIES LIVE?

AK(2)	AL(4)	AR(1)	AZ(34)	CA(185)
CO(18)	CT(22)	DE(1)	FL(54)	GA(17)
HI(2)	IA(12)	ID(12)	IL(48)	IN(16)
KS(22)	KY(7)	LA(5)	MA(27)	MD(27)
ME(5)	MI(61)	MN(25)	MO(30)	MS(1)
MT(5)	NC(14)	ND(2)	NE(6)	NH(2)
NJ(58)	NM(9)	NV(7)	NY(64)	OH(52)
OK(13)	OR(21)	PA(126)	RI(3)	SC(5)
SD(3)	TN(6)	TX(50)	UT(70)	VA(24)
VT(3)	WA(58)	WI(60)	WY(2)	DC(2)
Canada -	AB(1)	BC(10)	MB(8)	NS(1)
ON(84)	PQ(2)	SK(2)		
England(1)	France(1)	Israel(2)		

& Neglect, Vol 16, pp 75-87.

Of course, other articles stating different positions can readily be found. We urge readers to examine the research presented on all sides with an open mind. Be critical of the sample size, whether it's a case study or controlled study, etc. It is our opinion that the above studies are sound and ought to be taken very seriously.

Preliminary Survey Data

We know a bit more about the specific therapists who have caused such distress to Foundation families. Holly Wakefield and Pam Freyd have been reporting data from 150 initial surveys. This is what families have reported:

N = 122	yes	no
Know the therapist	70	52
Qualifications		
Psychiatrist	7	
Psychologist*	23	
Social Worker	18	
Counselors	21	
Ministers/Pastors	7	
Therapist gender		
Female	62	
Male	23	
Age of therapists by gender		
age	E	M
20-29	2	0
30-39	19	4
40-49	15	10
50-59	3	5
60-69	0	0
70-79	0	1

*Preliminary results indicate that most of the therapists are female, aged 30 to 50. Since many people do not make a distinction between psychologist and psychotherapist, we question the number for psychologists.

What can families do?

Families tell us that they are profoundly frustrated. They write and phone and say they feel a sense of urgency. They tell us "My child seems to be growing worse, not better," or they ask, "How can this be good for my grandchildren that I am not allowed to see?" Some families have become so desperate for action that they have picketed a therapist's office (we must report that we did receive a phone call from a client of that particular therapist asking us to thank the picketing families for helping her to confirm her suspicions about the treatment she was receiving).

Many families have asked us to put them in contact with other families whose children may have the same therapist so that they can make complaints and explore legal actions together. For example, three weeks ago a family in state A asked us if we could help them get in touch with the Attorney General in state B. We happened to know of families in state B who were already in the process of making complaints with the Attorney General and were able to put them in contact.

With this newsletter all families are receiving a one

page "therapist survey." Please help us by filling it out immediately with as much information as you now have. Even if you have sent us this information in a letter, we ask that you send it again on the enclosed form so that (1) the information we receive will be consistent and (2) the information can be entered into the computer more efficiently and quickly. If you return the survey immediately, we will have the data entered and ready to analyze by December.

If you don't have any information about the therapist: A reputable therapist should be willing to send you a resume if you call the office and ask for one. If a therapist is employed in a clinic, the clinic should provide a resume, and also give you the name of the therapist's supervisor if there is one. Reputable therapists and clinics will tell you their fees. If the therapist is licensed, information can be obtained from the state licensing boards. We have sent licensing board information that we have to the people who are acting as state liaisons.

If you don't even know who the therapist is: Some parents have told us that they hired private detectives to find out the names of those responsible for rewriting their children's history. Others have told us that it is less expensive and just as good to ask family members or friends who may have some contact with the accusing child to help get this information.

If you want to meet with the therapist: Some parents have been able to arrange meetings with their children's therapists. We are sorry to report that most parents have told us these were disastrous. Parents were generally not prepared for the type of interview or confrontation that took place. With the help of professionals and families, the Foundation has written guidelines to help families prepare for a meeting with their child's therapist. Members may write and ask for: *Guidelines for meeting with child's therapist*. Please include a self-addressed envelope. **If you file a complaint:** Many families tell us that they have started the process of filing complaints with various government and professional organizations. As we receive information and guidelines, we will send them to the state liaisons since these are state level issues. One word of warning has been given to us from the organization, Stop Abuse by Counselors. If you file a complaint, you may want to have it checked with a lawyer. If you intend future legal action when the time is appropriate, the wording of any complaints written now could be important.

For Help Call 1-800-568-8882

CONFERENCE
April 16-18, 1992
Philadelphia, PA

Details in November newsletter.

The FMS Foundation conference in the spring is certain to be an interesting event. The main focus will be the presentation of academic papers that relate to issues of False Memory Syndrome. A committee will organize the invitation of presenters, panels and workshops for both professional and family interests. We will solicit papers that represent differing views on the reality of repressed memories and the techniques used to elicit these sorts of memories.

Why different perspectives? We feel a need to explain why we will invite speakers with differing views. Because so much has appeared with never a question about the reality of all recovered memories, some people have suggested that we should have a conference that presented only the skeptical side.

We must have a conference in which all sides are presented because the lives of thousands of people will be affected by the results. In the best academic tradition, researchers must publicly present their evidence, listen to criticism and respond. In the best academic tradition the body of evidence must be weighed and some operating principles determined. We have been advised that clinicians and researchers who are strong believers in the total validity of all repressed memories will refuse to appear. Since this conference will be public, we expect that academics, families and the press will question any researchers who refuse to participate should such an unlikely situation arise. This is not an ordinary academic conference. Families and reputations are in the balance. The FMS Foundation has nothing to hide. We support an open, balanced and public conference.

FMS Foundation Ad

The following material is to use if you wish to place an ad announcing the 800 number.

Have you been falsely accused by an adult on the basis of "recovered memories?" You are not alone. Help us document the extent of this phenomenon. Call the False Memory Syndrome Foundation at 1-800-568-8882.

MEETINGS

We urge every person who receives this newsletter to call the contact person for the state in which you live. We now have FMS Foundation liaisons in almost every state.

Some liaisons have expressed frustration that we do not give the names of people who call the Foundation. We understand that frustration because it is frustrating from the perspective of the central office too, and it creates lots of extra work. To date we have tried to solve this problem by offering to send out flyers on a state-by-state

basis to let members know about meetings. As our numbers continue to increase, however, it is getting to be more difficult to do that. We are looking for more efficient ways to let people know about meetings.

Here are some suggestions:

1) Plan a regular schedule for meetings. We will include this along with the name of a contact person when we send the original packet.

2) Try to plan meetings enough in advance so that we can announce them through the newsletter rather than through special flyers—although we understand that emergency meetings will happen from time to time. Please send us in writing any notice you would like to have included. This should help reduce the number of mistakes.

New England Area

Note change of date

Sunday November 1, 1992

1:30 P.M.

Call Joe 508-752-0554 for details

Southwest Region

LA, OK, TX, CO, AR, KS, NM

Saturday Nov 7, 1992

9:00 A.M.

Austin, Texas

Rally at the Capitol Bldg
to Encourage Mental Health Reform
for details call Lynn 214-352-7221
or Rosemary 405-439-2459

Ohio Area

Sunday November 15, 1992

2:00 P.M.

Call Bob or Carole at 216-888-7963

Florida

Saturday November 14, 1992

1:00 P.M.

Call Kevin Farmer at 800-374-7477

Some groups have asked about forming official branches. For the time being, it will be the biggest help to the Foundation if you consider yourself an informal group of "Professionals and Parents in Support of the FMS Foundation."

Defending parents from ugly charges

Philadelphia Inquirer

SUNDAY
September 20, 1992

By LUCIA HERNDON

Defending parents from ugly charges

A group of young people met recently in a pleasant family room in a suburban house. How ironic, I thought. Meeting in a family room to hear tales of families torn apart.

The group was made up of people whose siblings have accused their parents of incest — a crime that the parents hotly deny. The group members had gathered to find ways to support one another and their parents in the face of these ugly accusations.

Their stories were disturbingly similar — and nearly always involved women. A sister undergoes therapy for depression or some other emotional disorder. She announces that she remembers instances of childhood incest. She then wants her parents to confess to the abuse and she wants other family members to admit that they were aware of the situation. If that doesn't happen, she may very well cut off contact with her entire family.

Devastating to parents, yes. But equally devastating to those siblings who question the allegations.

They are the peers, the ones left to sort through the situation from ground level. Initially, the stories sound authentic because they are recounted with such sincerity. But one woman said that when she questioned her sister, she discovered that the sister's accusations failed to hang together. The sister told of being abused as a 2-year-old, but gave the location of the abuse as a house the family moved to years later.

A high school student said her older sister's revelation initially made her fearful of her father.

"I couldn't believe it was true," she said. "But my sister seemed so sure it happened. After she told me, I didn't want to see my father. It took me a while to realize that it wasn't true.

LUCIA HERNDON from L.I.

My sister nearly wrecked my relationship with my parents."

Others told of their sisters' trying to convince them that they, too, had been incest victims but were in a stage of deep denial.

"For a while you ask yourself, 'Did this happen to me and I forgot it?'" said one woman. "But I realize now that my sister basically has written a play and has assigned us roles. I'm supposed to be the repressed victim. My parents are the bad guys."

The question these family members ask is not whether the incest occurred — they, finally, do not believe that it did. But they do wonder how these "memories" suddenly materialized. Some think the answer lies in over-eager therapists who plant the notion of abuse that an emotionally unstable patient then believes actually happened.

"We're not denying that incest and sexual abuse does occur," said Pamela Freyd, executive director of the False Memory Syndrome Foundation, a Philadelphia-based organization of parents whose children have accused them of sexual abuse.

"But we question charges that surface in a particular situation; one where adults have spent their entire lives with no memory of these incidents. When they get into therapy, these memories suddenly appear. We ask the therapists to use extreme caution, especially if they are using hypnosis to tap these so-called memories, and [we ask that] every attempt be made to verify the charges."

Patricia Dice, a family therapist who attended the recent meeting, said she has dealt with many cases of childhood sexual abuse. But in those cases, the victims never forget the episodes. The memory does not fade

away, only to return decades later.

Since its inception in March, the False Memory Syndrome Foundation has been contacted by 1,200 family members across the country who have been accused of incest. Its mission is to help every member of the family.

"Parents are understandably upset," said Freyd. "But the siblings also suffer."

One result frequently is alienation, and not only of the accuser. Family members have missed graduations, weddings and other gatherings because of the rift caused by the accusation — especially if the siblings are divided about which people they believe. One woman said that her sister accused their father not only of years of incest but also of the ritualistic killing of the family dog in the bathroom.

"It is very clear to me that none of these things happened," said the woman. "But what is true is that my sister believes it happened and has pulled away from the family because none of us believes it. I was close to my sister, but now I rarely see her."

Freyd said that incidents such as this are why her organization is "hard at work to put some restraints on this. The memories tend to get more and more bizarre. They move on from sexual abuse into satanic rituals. ... It's not that bizarre things don't happen, but the pattern of these memories ought to make therapists stop and say, 'Wait a minute.'"

Efforts to reason often fail. "I tried to talk to my daughter about her accusations" of father-daughter incest, said one woman. The daughter's therapist nixed the conversation. The mother continued: "I asked her to let me talk to her therapist, but she refused to give me the name. There is no way we can get to the

bottom of this."

One sibling blamed unscrupulous therapists for nurturing this type of accusation.

"They pick on upper-middle-class women," she said. "Those are the women who have the money for therapy. You won't find poor people making these kinds of charges. And you won't find therapists going to the ghetto to look for patients. There's no money there."

"Research has shown how easy it is to influence memory," Freyd said. "I think that most of the therapists involved are sincere, caring people who are concerned about their patients. But there is a tragic lack of understanding about the nature of memory."

There was a lot of heartache expressed at this meeting. Yet these participants seemed to feel the need to try to maintain a relationship with their sisters. It was hard for me to believe that they could continue the effort, especially when they often were rebuffed.

"They can maintain a lifeline to their sister," Patricia Dice said. "They can keep the lines of communication open. A place should remain for that missing family member should they want to return. Often a sibling can ensure that that space is available."

"Even though it's upsetting for me, I try to keep in touch with her," said one woman. "I would like my sister back."

For More Information

■ Contact the False Memory Syndrome Foundation at 1-800-568-8882.